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Complete and send this form, together with applicable fee			e(s), to: <u>Mai</u>	Mail Stop ISSUI Commissioner for P.O. Box 1450 Alexandria, Virg	or Patents		
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George Likourezos. Esq.  Carter, DeLuca, Farrell & Schmidt, LLP  Suite 225  445 Broad Hollow Road  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited States Postal Service with sufficient postage for first class ma addressed to the Mail Stop ISSUE FEE address above, or transmitted to the USPTO (571) 273-2885, on the date indicated to the USPTO (571) 273-2885, on the date indicated to the USPTO (571) 273-2885.						nnission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.	
Melville, NY 11747				Geørge zikoure		(Depositor's nune)	
03/23/2006 MAHMED2 00000036 10633061				Mel	Ma	(Signature)	
01 FC:1501	1400.00 DP			March 20, 2006		(Date)	
02 FC 1501 APPLICATION NO.	FILING DATE	- I	IRST NAMED II	NVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/633,061	08/01/2003	Mehu		atel	1400-11 (1508)	3603	
TITLE OF INVENTION: PLUG-AND-PLAY IMAGING AND ILLUMINATION ENGINE FOR AN OPTICAL CODE READER							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	03/21/2006	
EXAM	AINER	ART UN	IT	CLASS-SUBCLASS	7		
WALSH,	DANIEL I	2876		235-454000	_		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the name or agents OF (2) the name registered at 2 registered	For printing on the patent front page, list  1) the names of up to 3 registered patent attorneys r agents OR, alternatively,  2) the name of a single firm (having as a member a egistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is sted, no name will be printed.  1			
	D RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion				gnee is identified below, the	document has been filed fo	

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SYMBOL TECHNOLOGIES INC.

## Holtsville, New York

Please check the appropriate assignee category or categories (will not be	printed on the patent):				
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✓ Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.				
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Date March 20, 2006

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